

Rodgers

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Alberto Gonzales U. S. Attorney General U. S. Department of Justice 10th and Constitutional Avenue Washington, DC 20530</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="text-align: center;"><i>JUN 19 2006</i></p>
<p>2. Article Number (Transfer from service label)</p> <p><i>1060491 (imp & sms (20 days))</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	<p>4. Restricted <input type="checkbox"/> Yes</p> <p style="font-size: 1.2em; text-align: center;">7005 1160 0001 2962 4370</p>

Domestic Return Receipt

PS Form 3811, February 2004 102595-02-M-1540